

# EXHIBIT Q

## [Filed Under Seal]

### **The Nation Talking Points 06.16.16**

#### **This is a bought and paid for hit piece by an activist writer funded by anti-privatization groups and individuals.**

- The writer stated his biased and uninformed premise before ever writing the story and marketed it to crowdfund more than \$25,000. He clearly wouldn't want to disappoint his financial backers by publishing a piece that went against their worldview.
  - On the fundraising page for the piece, he wrote back in February: "The federal government runs a system of private prisons for immigrants, where lax rules can lead to inadequate medical care. Help me share their stories." (<https://goo.gl/TyaJMy>) This makes it clear that he had no intention of seeking a balanced perspective.
  - A review of the comments of the financial backers of the piece also indicates a strong bias (<https://goo.gl/GCGHPd>).
  - The piece was funded through a website that underscores the activist nature of the effort, "Crowdfunding only works when you're campaigning on behalf of your story."
- The writer's byline touts his Soros Justice Media Fellowship. Soros' Open Society Foundations have supported numerous anti-privatization groups such as Prison Legal News (PLN) to the tune of *hundreds of thousands of dollars* over the years. The managing editor of PLN is paid anti-privatization activist and convicted felon Alex Friedmann.

#### **The writer completely failed to provide context regarding how private prisons compare to BOP and other public facilities.**

- Healthcare: Well-known challenges exist in the delivery of healthcare – not only at public and private prison facilities but also in the general public. The writer took none of the uniqueness of the prison population into account.
  - For example, the Pew Charitable Trusts published a report highlighting the challenges delivering healthcare in prisons (<http://goo.gl/LwMVqa>):
    - Population is aging;
    - Greater prevalence of infections and chronic diseases, mental illness and substance abuse, many of whom enter prison with these problems; and
    - Challenges inherent in delivering health care in prisons, such as distance from hospitals and other providers.
  - Many inmates have had little or no exposure or access to the healthcare system prior to coming to our facility and benefit significantly from the regular access to healthcare providers. This population in particular largely entered the country illegally and have increased challenges related to infectious and contagious diseases.
- Mortality Rates: We take any loss of life in our facilities very seriously, but it is critical to review this information in appropriate and reasonable context. For example, in 2012, there were 4,446 deaths in custody in state prisons, which is a

mortality rate of 274 per 100,000. BOP also experienced similar mortality rates in 2012. CCA, in comparison, had **X**.

- **Challenges Not Exclusive to Private Facilities:** Recent media coverage has detailed the BOP's own challenges with staffing for medical services, none of which the writer included in his piece, further illustrating his biased anti-contractor agenda.
  - A March 28, 2016 article in *USA Today* cited a former BOP official who told auditors that medical staffing vacancies have reached a "crisis level" at some institutions. ([Feds struggle to provide prison medical care - USA Today](#))
  - An April 24, 2016 article in *USA Today* reported on how a fight between unionized employees and the BOP would further exacerbate critical staffing issues at facilities. It cited 656 medical staff vacancies at BOP facilities. ([Labor fight threatens inmate health care - USA Today](#))
  - On April 26, 2016, *USA Today* reported that nurses were assigned to guard duty because of staffing shortages ([Nurses thrust into guard duty at federal prisons - USA Today](#))

**The piece contains numerous false and misleading statements and failed to include much of the context that we provided.**

- **Healthcare:** While medical privacy laws and considerations prohibit us from addressing specific inmates' medical conditions, we provided significant context regarding inmate healthcare for the reporter that he failed to include. For example:
  - **Employment of LPN/LVN staff vs RNs:** First and foremost, the staffing patterns for our healthcare professionals are approved by our government partners, and they are designed expressly to meet the healthcare needs of each facility. CCA employs a full range of healthcare staff including LPNs, RNs, mid-level providers (e.g., physician assistants and nurse practitioners), physician-level providers, dental assistants and hygienists, dentists, masters and doctoral mental health staff, psychiatrists and other allied health professionals to provide care to the patients housed in our facilities. Additionally, CCA regularly provides access to offsite medical providers as specialized care is needed.
- **Cost:** The writer falsely stated that facilities like ours don't save money, despite the fact that the BOP's own numbers tell a different story. Current BOP cost figures indicate that the rate for contracted prisons in 2015 was \$63.35 per day while the BOP costs for a similar security-level facility were \$80.20 per day.
- **Programming:** The writer quotes a source that indicates that inmates are not provided programming at these facilities, which is completely false. In each of our BOP-contracted facilities, we offer Mexico's equivalent of a GED, as well as **X, Y and Z**.
- **Effectiveness of Partnership with BOP:** The writer provides no context for the important partnership we've had with the BOP for decades. Without companies like ours, federal agencies would have to make extremely difficult decisions about how to manage populations, provide capacity and facilitate high-quality programming for individuals in their care.

**Commented [A1]:** Steve, I didn't understand what the email forwarded by Jeb intended to change here regarding how we talk about the savings.

**Commented [A2]:** Respond to: "Why train them in the trades and give them GEDs and all that other stuff if they're going back to Mexico or Ethiopia?" Janus says. "It doesn't make sense to provide that programming to people who will be deported."

- The U.S. Bureau of Prisons (BOP), which is currently operating above 100 percent capacity, relies on contractor prisons to house nearly one-fifth of its population.

**The writer relies heavily on old information, and many improvements and enhancements have been made in the interim.**

- [Info on improvements?]

Commented [A3]: Any specifics we can point to in terms of improvements at the facilities mentioned (Adams, Cibola

**We are absolutely committed to providing high quality healthcare to every inmate entrusted to our care.**

- We maintain a number of accreditations from independent, nationally recognized industry leaders such as the American Correctional Association (ACA) and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), which ensures that we meet the highest standards for healthcare delivery
- In 2015, CCA BOP facilities provided X many medical contacts, X chronic care clinics, X prescriptions and X outside medical appointments.

**CCA is also committed to accountability and quality control.**

- In addition to BOP monitoring, we have a strong quality control program and medical Quality Improvement Program.
- Any deficiencies identified by the BOP or internally require a formal Plan of Action to correct those deficiencies. For example, in 2015 at BOP facilities, we implemented X corrective action plans, X% of which were in response to our internal findings not BOP findings.